



**Commercial Rehabilitation Program  
Program Application**

**UPLAND DEVELOPMENT SERVICES DEPARTMENT  
HISTORIC DOWNTOWN REVITALIZATION PROGRAM  
460 N. Euclid Avenue, Upland, CA 91786  
Phone (909) 931-4105**

**GENERAL CONDITIONS**

The Historic Downtown Revitalization Program ("Program") is designed to assist local downtown businesses make exterior façade improvements that enhance, restore, correct or improve the appearance of the building and eliminate slum and blight. The City reserves the right to approve improvements made to the building under the Program. All improvements must comply with the Historic Downtown Specific Plan and any other local ordinance. The City will fund the Program with federal CDBG funds; all program participants must abide by all rules and regulations governing the use of these funds. Both the Program applicant and the property owner must sign the application and other Program documents as needed. Program participants will be required to sign a 5 year maintenance covenant recorded against the property, as a condition to participate in the Program. Program participants further agree to cooperate with Program staff to ensure timely processing of all documents, agreements and inspections.

**CONSENT AND DECLARATION**

I / We, as undersigned, hereby consent to allow authorized representatives of the Upland Development Services Department (the "City") to enter my/our property for the purpose of evaluating the building. This evaluation will be performed jointly by the undersigned and the representatives of the City. In addition, by signing below, I/We declare that the information provided herein is true and accurate to the best of my/our belief and knowledge that I/We made no misrepresentations in the application or other documents, nor did I/We omit pertinent information and that I/We under penalty of perjury have received and read the Commercial Rehabilitation Policies.

The undersigned certify the following:

I/We have applied for the Commercial Rehabilitation Program. In applying for assistance, I/We completed an application containing, various information for the purpose of grant funding. I/We acknowledge that the City will keep this application in a confidential file and shall not disclose it to any third party unless required to do so pursuant to applicable law or legal order. I/We understand and agree that the City will use due diligence in its review of Program applications; this may include independent verification of the information provided on the application. I/We expressly consent to and authorize City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with City, including, but not limited to providing further confirmation or documentation as the City may request from time to time. I/We agree to abide by all program requirements and policy directives. I/We understand and agree to solicit qualified bid's from a preapproved City vendor list. I/We understand and agree that the City reserves the right to change the requirements of this application and program at any time without notice. I/We understand and agree that the City will make the final determination as to the satisfactory performance by the contractor. I/We understand and agree that to indemnify, defend and Hold Harmless the City of Upland its officers, employees and/or agents from all claims, suits or other legal matters that may arise out of this agreement.

**Acknowledgement (if you are both the applicant and property owner sign both lines):**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date



**Commercial Rehabilitation Program  
Program Application**

**APPLICANT INFORMATION**

<b>APPLICANT</b>	<b>CO-APPLICANT (Must be Property Owner)</b>
Name:	Name:
Phone Number (Day):	Alternate Phone Number (Mobile):
Mailing Address:	Mailing Address:
Email Address:	Email Address:

**BUSINESS INFORMATION**

Name of Business:			
Address of Business:			
Mailing Address of Business:			
Business License Number:		Expiration Date:	
Type of Business: (mark one only)	<div><input type="checkbox"/> New Restaurant</div> <div><input type="checkbox"/> Existing Restaurant</div> <div><input type="checkbox"/> New Retail and/or New Sales Orientated Business</div> <div><input type="checkbox"/> Existing Retail and/or Sales Oriented Businesses</div> <div><input type="checkbox"/> Service industry</div> <div><input type="checkbox"/> Office space</div> <div><input type="checkbox"/> Other (explain):</div>		



**Commercial Rehabilitation Program  
Program Application**

**LIST PROPERTY OWNER(S) (ADD ADDITIONAL PAGES IF NEEDED)**

NAME	ADDRESS	PHONE NUMBER

**LIST BUSINESS OWNER(S) (ADD ADDITIONAL PAGES IF NEEDED)**

NAME	ADDRESS	PHONE NUMBER

**BUSINESS PROFIT/LOSS STATEMENT**

Gross Annual Sales:	
Gross Annual Expenses:	
Gross Sales Tax Reported:	
Number of Employees:	Full Time _____ Part Time _____
Year Business Opened:	
Current Monthly Rent Rate:	\$ _____ Total Store Sq. Ft. _____
Current Years Left of Lease:	



## Commercial Rehabilitation Program Program Application

### FINANCIAL/CREDIT INFORMATION

List all Business Debt (ADD ADDITIONAL PAGES IF NEEDED)

COMPANY / FINANCIAL INSTITUTION	ACCOUNT NUMBER	ACCOUNT BALANCE	MONTHLY PAYMENT
			\$
			\$
			\$
			\$
			\$
			\$

### ELIGIBILITY QUESTIONS

Answer "Yes" or "No" ("NO" RESPONSES REQUIRE SEPARATE WRITTEN EXPLANATION/CLARIFICATION):

QUESTION	APPLICANT		CO-APPLICANT	
During the past 5 years, have you directly or indirectly been obligated on any loan, which resulted in foreclosure, transfer of the title in lieu of foreclosure or judgment? This would include such loans as home mortgages, SBA loans, home improvement loans, financial obligation or loan guaranty, etc...	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you presently delinquent or in default on any debt owed to the Federal Government (e.g., Fed. Income Tax, Public Health Service, U.S. Guaranteed Student loan, GI Bill Education Benefits, Etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the property to be rehabilitated your primary place of business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you the owner or co-owner of this business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you the owner or co-owner of this property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
As part of your rehabilitation are you be willing to abide by the façade concepts provided by the City?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
As part of your rehabilitation are you willing to make other needed property improvements to ensure a complete looking project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
As part of your rehabilitation would you be willing to remove barriers to persons with disabilities to comply with ADA requirements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
As part of your rehabilitation would you be willing to make seismic retrofits to the building, if needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
As part of your rehabilitation would you be willing to participate in marketing materials to further promote the Program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO



**Commercial Rehabilitation Program  
Program Application**

**FAÇADE IMPROVEMENTS REQUESTED**

ITEMS TO BE REPAIRED
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.



### **APPLICATION CHECKLIST**

Please submit copies of the following supporting documentation along with the completed program application:

1. A completed and signed CRP Application.
2. Applicants Signed Copies of the Federal Income Tax Return Form for the last year
3. A copy of the property hazard insurance policy (Front page coverage only) requiring rehabilitation.
4. A copy of the property tax bill for the property requiring assistance.
5. Balance Sheet Statement for the last two years (for new business provide annual revenue projection).
6. Profit and Loss Statement for the last two years.
7. Business Plan
8. Copy of the Deed to the property requiring rehabilitation.
9. Copy of current government issued photo identification for all property owner and leasee (Driver's License, CA Identification Card or US Passport)
10. Copy of City of Upland Business License.
11. A List of Items Requiring Rehabilitation.

The aforementioned list of supporting documents not is not an exhaustive list of documents required and should the City's review require additional information to make a determination on approval of the application, the applicant will be requested to submit additional documents as necessary to fulfill their submission requirements. Failure to comply with this or any other program requirements will disqualify the application.